Claric Department of

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000020656 3)))



H150000206563ABCZ

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To:

Division of Corporations

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Account Number : 072100000455

Phone : (239) 334-2722

Fax Number

: (239)334-1446

Lil

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUTTING EDGE ADVICE LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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Taulhara JAN 8 9 5012

ARTICLES OF AMENDMENT TO (((H15000020656 3))) ARTICLES OF ORGANIZATION OF

	ng Edge Advice LLC	
(Name of the Limited Liai (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/12/11	and assigned
Florida document number L11000139557	·	
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
McGuigan Restaurant Concepts, LLC		
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BQX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		the name of the nev
registered agent and/or the new registered office a	dui ess nere.	As .
of observed access		5.5
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	36
	, Florida	
	City	Crib count
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered age	ent and agree to act in this capacity. I further a	gree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: (((H15000020656 3)))

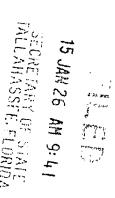
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			☐ Add		
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).	If amend	ling any other information, enter ch	ange(s) here:	(Attach additional sheets,	if necessary.) (((H15000020656 3)))
	Effective	date, if other than the date of filing	:		(optional)
(The effective the date this	we date must be specific, cannot be prior to date is document is filed by the Florida Department	of receipt or filed of State)	date and cannot be more than 9	0 days after
	Dated	1/23/15	2015	.•	
		Milus Mluga	pember or sutheri	zed representative of a member	
		Michael B. McGuigan	Amoca of addition	- oprosidente of a member	
			Typed or printed:	name of signee	

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Filing Fee: \$25.00



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